

State of Maine

Dept. of Defense, Veterans and Emergency Management

MAINE EMERGENCY MANAGEMENT AGENCY

Hazard Identification and
Vulnerability Assessment
for Local/County Governments

WORKBOOK

April 2003
(Supersedes October 2000 Edition)

Hazard Identification and Vulnerability Assessment

Workbook for Local/County Governments

Contents

Foreword	iii
Workbook Instructions	v
Jurisdiction Description	vii
Hazard Identification and Rating Worksheets	1
What to Include in the Hazard Identification Report	15
Address to Mail in Copy of Workbook	17

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Department of Defense, Veterans and Emergency Management
Maine Emergency Management Agency

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Foreword

In January 1985 the Federal Emergency Management Agency (FEMA) introduced Civil Preparedness Guide (CPG) 1-35, Capability and Hazard Identification Program (CHIP). The CHIP database underwent an evolutionary process in which questions were added and modified, and superfluous and unused data eliminated. Emphasis was increasingly placed on the creation of an automated nationwide database. The 1995 generation of CHIP carried this trend toward automation to such an extent that all ability to adapt the CHIP to the individualized situations at the local jurisdiction level had been culled from the document.

In 1997, to correct this deficiency, MEMA created this workbook, which closely follows the federal guidance but also includes the information MEMA considers essential to determine which *significant hazards* may affect the community. This determination of significant hazards is the basis for all emergency and mitigation planning in each jurisdiction. This workbook was updated in 2000 to eliminate the division of hazards into *Natural* and *Technological* and to add several hazards to be assessed.

We have also added:

- columns to add other hazards not on the FEMA/MEMA list;
- a simplification of the vulnerability rating for each hazard;
- instructions on what to do after identifying the existing significant hazards;
- guidelines on how to write the Hazard Identification Report required in the Basic Plan section of the Emergency Operation Plan (EOP).

The 2003 further refined the combination of related hazards in to broad categories.

The significant hazards identified by this workbook can also become the basis for mitigation planning in your jurisdiction. Mitigation actions are those that a community can take to lessen or eliminate the impact of these hazards on their citizens and property.

Our hope is that you will find this system useful in your planning and mitigation activities.

Workbook Instructions

This rating of hazards should be done by a panel made up of members of the jurisdiction's planning team. **It is not intended to be completed by one person working alone.** A copy of the State of Maine Hazard Identification Report may be requested from your County EMA Office.

1. Fill out the Jurisdiction Description form on page vii.

2. Go to the Hazard Identification and Rating section on page 1.

3. Fill out the Rating Chart:

- Begin with the first hazard. If you answer “YES”, the hazard could affect your jurisdiction, continue answering questions 2, 3, 4, and 5 in that row.
- If your answer is “NO” to question #1, continue down the page to the next hazard.

NOTE: If you gave a moderate or higher rating to question #2, you must periodically reassess conditions #3 and #4, even though they are currently not a threat, so as to take into account changing conditions—such as new construction—in the area.

If you have answered “yes” to either question #3 or #4, *you have identified a significant hazard to your community that must be addressed in your Emergency Operations Plan.*

4. Make a copy of the completed workbook:

- Local jurisdictions: Send a copy to your County EMA Office
- County EMAs: Send a copy of the County Workbook to MEMA

5. Write or update the Hazard Identification Report for your Community Emergency Operations Plan. (See page 15.)

6. Write or update the community's Emergency Operation Plan.

7. Each year review all hazards to assess changes in hazard risk and vulnerability.

8. Make necessary changes to your EOP as required by changes in your risk assessment.

Jurisdiction Description

1. Jurisdiction name:

Town, City, or County
2. Name, address, and telephone number of emergency management organization:

Organization Name

Street Address

Mailing Address

City

State ZIP Code
(____)_____
Telephone Number
3. Name, title, and telephone number of person responsible for coordinating emergency management activities:

Name

Title
(____)_____
Residential Telephone Number
(____)_____
Work Telephone Number
(____)_____
Fax Number

E-Mail Address
4. Do significant daily or seasonal peaks of population occur in the jurisdiction?

☐ Yes
☐ No
5. If Yes to question 4, enter an estimate of the population total at its peak:

Daily: _____
Spring: _____
Summer: _____
Fall: _____
Winter: _____
6. Emergency Program Manager:

☐ Paid full-time
☐ Paid part-time
☐ Volunteer
7. Number of other Emergency Program Staff:

☐ Paid full-time
☐ Paid part-time
☐ Volunteer
8. Names of members of the Planning Team filling out this report:

HAZARD IDENTIFICATION AND RATING

HAZARD NAME NOTE: All hazards marked by an asterisk (*) could be caused by a terrorist event.	HAZARD ID	VULNERABILITY			CONCLUSION
	1. Could this hazard affect this jurisdiction? If NO go down to next hazard. If YES continue across row.	2. What is the likelihood of the event occurring in this jurisdiction?	3. Could property damage or loss of the use of the property result if this event occurred?	4. Could any person be killed or injured if this event occurred?	5. If you answered "yes" to either question #3 or #4, then this hazard is "significant" and must be addressed in your EOP.
AVALANCHE* Mass of sliding snow occurs in mountainous terrain where snow is deposited on slopes of 20 degrees or more.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
BLIGHT/ INFESTATION* Any injury to plants resulting in withering, cessation of growth and death of the above ground part of plants including flowers and stems caused by: disease organisms (fungi, bacteria, or virus), insects, or unfavorable environmental conditions.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
BUILDING OR BRIDGE COLLAPSE* Loss of structural integrity of buildings and bridges resulting in significant personal injury or economic loss.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
CIVIL/POLITICAL DISORDER* Certain types of facilities, such as government buildings, schools and universities, military bases, nuclear power facilities,	ARMED CONFLICT Conventional Warfare/ Militia Action <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

HAZARD NAME	HAZARD ID	VULNERABILITY			CONCLUSION
	1. Could this hazard affect this jurisdiction? If NO go down to next hazard. If YES continue across row.	2. What is the likelihood of the event occurring in this jurisdiction?	3. Could property damage or loss of the use of the property result if this event occurred?	4. Could any person be killed or injured if this event occurred?	5. If you answered "yes" to either question #3 or #4, then this hazard is "significant" and must be addressed in your EOP.
CIVIL/POLITICAL DISORDER*(cont.) abortion clinics, work sites, mass-gathering places, and correctional facilities are more vulnerable than others.	DEMONSTRATION A public protest. <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	ECONOMIC EMERGENCY Loss of personal, governmental, or commercial economic stability. <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	HOSTAGE INCIDENT Person or group held as security pending the fulfillment of certain terms. <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	RIOT/VIOLENCE A violent public disturbance by one or more individuals. <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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	1. Could this hazard affect this jurisdiction? If NO go down to next hazard. If YES continue across row.	2. What is the likelihood of the event occurring in this jurisdiction?	3. Could property damage or loss of the use of the property result if this event occurred?	4. Could any person be killed or injured if this event occurred?	5. If you answered "yes" to either question #3 or #4, then this hazard is "significant" and must be addressed in your EOP.
CIVIL/POLITICAL DISORDER* (cont.) NOTE: All hazards marked by an asterisk (*) could be caused by a terrorist event.	STRIKE/LOCKOUT A work stoppage to protest or influence work practices. <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	SABOTAGE Intentional destruction of property or obstruction of normal operations. <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	WEAPONS OF MASS DESTRUCTION Biological Nuclear Incendiary Chemical Explosive <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
CONTAMINATION OF FOOD/DRINKING WATER/AIR/SOIL* The accidental or deliberate introduction of dangerous substances into food, beverages, medications, water, and other ingested products.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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	1. Could this hazard affect this jurisdiction? If NO go down to next hazard. If YES continue across row.	2. What is the likelihood of the event occurring in this jurisdiction?	3. Could property damage or loss of the use of the property result if this event occurred?	4. Could any person be killed or injured if this event occurred?	5. If you answered "yes" to either question #3 or #4, then this hazard is "significant" and must be addressed in your EOP.
DAM FAILURE* Dam failure is the spontaneous release of water resulting from improper operation or structural collapse of the structure, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
DROUGHT Prolonged period without rain: A twelve month period during which precipitation is less than 85% of normal as defined by the National Weather Service (44 inches is the average precipitation level per year). Droughts occur about every 20 years with severe 3–5 year droughts occurring about every 40 years. Annual precipitation in Maine has been decreasing by .04 inches every decade since 1960.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
EARTHQUAKE Sudden motion of the ground which may result in surface faulting (ground rupture), ground shaking, and ground failure. NOTE: Maine Geological Survey says <u>all</u> of Maine is a Moderate risk for Earthquake.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Moderate	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

HAZARD NAME	HAZARD ID	VULNERABILITY			CONCLUSION
	1. Could this hazard affect this jurisdiction? If NO go down to next hazard. If YES continue across row.	2. What is the likelihood of the event occurring in this jurisdiction?	3. Could property damage or loss of the use of the property result if this event occurred?	4. Could any person be killed or injured if this event occurred?	5. If you answered "yes" to either question #3 or #4, then this hazard is "significant" and must be addressed in your EOP.
ENERGY SHORTAGE/ POWER/UTILITY FAILURE* <u>Energy Shortage:</u> A significant shortage of any energy resource or the inability to pay for high priced energy resources, which results in a loss of fuel supplies for space heating, emergency and health care service; thereby endangering both life and property. <u>Power/Utility Failure:</u> Interruption or loss of service for an extended period of time. (Gas, oil, electricity, fiber optics, telephone, microwave towers, water, and sewage sites, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
EPIDEMIC/DISEASE* <u>Disease:</u> A condition of the body that presents a group of symptoms. A disease may affect humans only, humans and animals, or animals only. <u>Disease Epidemic:</u> A disease which attacks an unusual number of individuals (or animals) at the same time or in rapid progression. The number varying according to the type and severity of the disease (i.e., one case of polio is an epidemic; twenty colds are not an epidemic).	Disease: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Epidemic: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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	1. Could this hazard affect this jurisdiction? If NO go down to next hazard. If YES continue across row.	2. What is the likelihood of the event occurring in this jurisdiction?	3. Could property damage or loss of the use of the property result if this event occurred?	4. Could any person be killed or injured if this event occurred?	5. If you answered "yes" to either question #3 or #4, then this hazard is "significant" and must be addressed in your EOP.
EROSION/COASTAL EROSION The wearing away and removal of soil particles by running water, waves, currents, moving ice, or wind resulting in severe land destruction and property damage.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
FLOOD*	<u>Riverine:</u> Periodic overbank flow of rivers and streams. <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<u>Flash:</u> Quickly rising small streams after heavy rains, ice jams, or rapid snow melt. <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<u>Urban:</u> Overflow of storm sewer systems, usually due to poor drainage, following heavy rain or rapid snow melt. <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

HAZARD NAME NOTE: All hazards marked by an asterisk (*) could be caused by a terrorist event.	HAZARD ID	VULNERABILITY			CONCLUSION
	1. Could this hazard affect this jurisdiction? If NO go down to next hazard. If YES continue across row.	2. What is the likelihood of the event occurring in this jurisdiction?	3. Could property damage or loss of the use of the property result if this event occurred?	4. Could any person be killed or injured if this event occurred?	5. If you answered "yes" to either question #3 or #4, then this hazard is "significant" and must be addressed in your EOP.
HEAT WAVE A spell of three or more consecutive days on each of which the maximum temperature reaches or exceeds 90° F.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
HAZARDOUS MATERIALS INCIDENT—FIXED FACILITY*	<u>Chemical:</u> Uncontrolled release of hazardous materials from a fixed site. <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<u>Radiological:</u> A radiological release occurring at a nuclear power plant, or in association with hospitals, industrial facilities, and research labs which may cause impaired thyroid function, whole body, and bone marrow contamination from absorption or ingestion of contaminated food. <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
HAZARDOUS MATERIALS INCIDENT—MARINE OIL SPILL* Released petroleum product or other oil into or onto the ocean or any body of water which might flow into the ocean.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

HAZARD NAME	HAZARD ID	VULNERABILITY			CONCLUSION
	1. Could this hazard affect this jurisdiction? If NO go down to next hazard. If YES continue across row.	2. What is the likelihood of the event occurring in this jurisdiction?	3. Could property damage or loss of the use of the property result if this event occurred?	4. Could any person be killed or injured if this event occurred?	5. If you answered "yes" to either question #3 or #4, then this hazard is "significant" and must be addressed in your EOP.
HAZARDOUS MATERIALS INCIDENT—TRANSPORTATION* Uncontrolled release of radiological or chemical hazardous materials during transport.	Rail: <input type="checkbox"/> Yes <input type="checkbox"/> No	Rail: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	Rail: <input type="checkbox"/> Yes <input type="checkbox"/> No	Rail: <input type="checkbox"/> Yes <input type="checkbox"/> No	Rail: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Pipeline: <input type="checkbox"/> Yes <input type="checkbox"/> No	Pipeline: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	Pipeline: <input type="checkbox"/> Yes <input type="checkbox"/> No	Pipeline: <input type="checkbox"/> Yes <input type="checkbox"/> No	Pipeline: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Port: <input type="checkbox"/> Yes <input type="checkbox"/> No	Port: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	Port: <input type="checkbox"/> Yes <input type="checkbox"/> No	Port: <input type="checkbox"/> Yes <input type="checkbox"/> No	Port: <input type="checkbox"/> Yes <input type="checkbox"/> No
	River: <input type="checkbox"/> Yes <input type="checkbox"/> No	River: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	River: <input type="checkbox"/> Yes <input type="checkbox"/> No	River: <input type="checkbox"/> Yes <input type="checkbox"/> No	River: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Highway: <input type="checkbox"/> Yes <input type="checkbox"/> No	Highway: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	Highway: <input type="checkbox"/> Yes <input type="checkbox"/> No	Highway: <input type="checkbox"/> Yes <input type="checkbox"/> No	Highway: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Air: <input type="checkbox"/> Yes <input type="checkbox"/> No	Air: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	Air: <input type="checkbox"/> Yes <input type="checkbox"/> No	Air: <input type="checkbox"/> Yes <input type="checkbox"/> No	Air: <input type="checkbox"/> Yes <input type="checkbox"/> No

HAZARD NAME	HAZARD ID	VULNERABILITY			CONCLUSION
	1. Could this hazard affect this jurisdiction? If NO go down to next hazard. If YES continue across row.	2. What is the likelihood of the event occurring in this jurisdiction?	3. Could property damage or loss of the use of the property result if this event occurred?	4. Could any person be killed or injured if this event occurred?	5. If you answered "yes" to either question #3 or #4, then this hazard is "significant" and must be addressed in your EOP.
HURRICANE A hurricane is a tropical cyclone in which winds reach speeds of seventy-four miles per hour or more, and blow in a large spiral around a relatively calm center. It produces measurable damage and destruction from heavy rainfalls, winds, and flooding.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
LANDSLIDE* A mass of sliding earth, mud, or rock.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
SUMMER STORM—SEVERE A violent weather phenomenon producing high winds, heavy rains, lightning, and/or hail that causes injuries to people, damages/destroys property, crops, and livestock. (Includes micro-bursts).	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
SUBSIDENCE Depressions, cracks, and sinkholes in the ground's surface caused by removal of water or gas beneath the surface.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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TORNADO A violently whirling column of air extending downward from a cumulonimbus cloud and seen as a rapidly rotating, slender, funnel shaped cloud that has a wind velocity of up to 300 miles per hour at the central core and destroys everything along its narrow ground path.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
TRANSPORTATION INCIDENT—PASSENGER* An incident involving passenger air, rail, highway, or water modes of travel resulting in death or injury. Includes school busses, cruise ships, and ferries.	Air: An accident involving a multi-passenger (twenty or more) or cargo aircraft or small private plane, resulting in injuries, loss of life, and destruction of private property where it impacts. Includes areas within the flight paths of airports <input type="checkbox"/> Yes <input type="checkbox"/> No	Air: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	Air: <input type="checkbox"/> Yes <input type="checkbox"/> No	Air: <input type="checkbox"/> Yes <input type="checkbox"/> No	Air: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Rail: An accident or derailment involving multiple railroad cars which causes abnormal interaction with the general public by blocking roads and/or causing property damage. <input type="checkbox"/> Yes <input type="checkbox"/> No	Rail: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	Rail: <input type="checkbox"/> Yes <input type="checkbox"/> No	Rail: <input type="checkbox"/> Yes <input type="checkbox"/> No	Rail: <input type="checkbox"/> Yes <input type="checkbox"/> No

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TRANSPORTATION INCIDENT—PASSENGER* (cont.)	Highway: An unforeseen event involving a rapid-transit, multi-passenger vehicle or a large supply truck which results in severe injuries, fatalities, and damage. <input type="checkbox"/> Yes <input type="checkbox"/> No	Highway: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	Highway: <input type="checkbox"/> Yes <input type="checkbox"/> No	Highway: <input type="checkbox"/> Yes <input type="checkbox"/> No	Highway: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Water: An accident involving a multi-passenger vessel, either public or private, resulting in injuries, loss of life, and destruction of property and requiring response and rescue by boat. <input type="checkbox"/> Yes <input type="checkbox"/> No	Water: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	Water: <input type="checkbox"/> Yes <input type="checkbox"/> No	Water: <input type="checkbox"/> Yes <input type="checkbox"/> No	Water: <input type="checkbox"/> Yes <input type="checkbox"/> No
TSUNAMI Seismic sea wave usually generated by a submarine geophysical displacement.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
URBAN FIRE* Uncontrolled burning in residential, commercial, industrial, or other properties in developed areas. An event of such magnitude as to cause serious injuries and deaths and impose severe economic losses to the community.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

HAZARD NAME	HAZARD ID	VULNERABILITY			CONCLUSION
	1. Could this hazard affect this jurisdiction? If NO go down to next hazard. If YES continue across row.	2. What is the likelihood of the event occurring in this jurisdiction?	3. Could property damage or loss of the use of the property result if this event occurred?	4. Could any person be killed or injured if this event occurred?	5. If you answered "yes" to either question #3 or #4, then this hazard is "significant" and must be addressed in your EOP.
WILDFIRE* Any instance of uncontrolled burning in grasslands, brush, or woodlands. Minimum requirement for an event to be classified as a forest fire requires involvement of two acres or more.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
WINTER STORM—SEVERE Includes ice storm, blizzard, sleet and snow storms, with extreme cold. A areas would be subject to heavy snowfall, combined snow and high winds, and/or ice storms.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
OTHER HAZARD	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
OTHER HAZARD	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
OTHER HAZARD	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

HAZARD NAME NOTE: All hazards marked by an asterisk (*) could be caused by a terrorist event.	HAZARD ID	VULNERABILITY			CONCLUSION
	1. Could this hazard affect this jurisdiction? If NO go down to next hazard. If YES continue across row.	2. What is the likelihood of the event occurring in this jurisdiction?	3. Could property damage or loss of the use of the property result if this event occurred?	4. Could any person be killed or injured if this event occurred?	5. If you answered "yes" to either question #3 or #4, then this hazard is "significant" and must be addressed in your EOP.
OTHER HAZARD	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
OTHER HAZARD	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
OTHER HAZARD	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
OTHER HAZARD	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
OTHER HAZARD	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

What to Include in the Hazard Identification Report

A model is available from the County EMA Office either on computer disk or as a paper copy.

The Hazard ID Report is an attachment to the Basic Plan section of the Emergency Operation Plan (EOP). The Basic Plan serves as an introduction to the Functional Annexes.

All hazards which are designated “yes” in column 5 of the Hazard Identification and Rating Chart are assigned as your community’s significant hazards. These hazards must be identified in your Hazard Identification Report as the ones which will be considered when you create your EOP.

The Hazard ID Report will include:

- Signature Page for the Governing Board approval of the report
- Introduction—explains the purpose of the hazard assessment
- Methodology—explains how you came up with your list of significant hazards
- List of significant hazards

- List of the hazards evaluated that were determined by the team NOT to be significant for the jurisdiction
- A page for each significant hazard that includes:
 - a description of the hazard,
 - the situation in your community relative to this hazard,
 - the numbers and types of people who could be affected by the hazard,
 - an assessment of the special response considerations relative to the community’s ability to respond to this hazard,
 - resources needed to react to this hazard’s events, [and how to access them], and
 - a Hazard Area Map with Special Need Populations and Facilities identified.
- Conclusion—Narrative
- Demographics of your community

Additional assistance is available from the County EMA offices upon request.

**Local EMAs: Make a copy of this completed workbook and mail it to your
County EMA Office .**

**County EMAs: Send a copy of your completed workbook to:
Maine Emergency Management Agency
72 State House Station
Augusta, ME 04333-0072**

